

CONTINENCE AIDS

Table of Contents

TABLE OF CONTENTS	1
THIS SECTION MUST BE READ IN CONJUNCTION WITH THE GENERAL INFORMATION SECTION	2
1. CATEGORIES OF CONTINENCE AIDS	2
2. CLINICAL ELIGIBILITY	3
2.1 PERMANENT AND STABILISED	3
2.2 EPISODE OF CONTINENCE CARE	3
2.2.1 Supporting Clinical Documentation	3
2.3 ADDITIONAL SUPPORTING CLINICAL DOCUMENTATION	4
2.3.1 Disposable Pull on Style Pads	4
2.3.2 Reusable Bed Pads	5
2.3.3 Aids Not on the Current MASS Approved Continence Aids List	5
2.4 DOCUMENTATION	5
2.5 HOSPITAL DISCHARGE	6
2.6 TERTIARY LEVEL CONTINENCE INTERVENTION (HOSPITAL)	6
3. CONTINUING ELIGIBILITY	6
4. SUBSIDY FUNDING	7
4.1 AGE CONSIDERATIONS	7
4.2 NEED CONSIDERATIONS	7
TABLE 2: INCREMENTAL SCALE	7
4.3 TYPE OF CONTINENCE AIDS	8
4.4 COMMERCIAL SUPPLIER PACKAGING ARRANGEMENTS	8
4.5 MASS SUPPLY PERIOD	8
4.6 CONSISTENT SUPPLY.....	8
4.7 PRIORITY SCORE.....	8
5. PRESCRIBER ROLE	9
5.1 PRESCRIBER RESPONSIBILITIES	9
6. APPLICATION FORMS	9
6.1 MASS 50 APPLICATION FORM	10
6.2 MASS 51 CONTINENCE SPECIAL CONSIDERATION FORM	10
6.3 MASS 55 CLIENT RE-APPLICATION FORM.....	10
7. EXCHANGE OF INCORRECTLY PRESCRIBED AIDS	10
8. DISPOSAL OF USED CONTINENCE AIDS	10
9. STANDING OFFER ARRANGEMENT (SOA)	10
TABLE 1: CORE COMPONENTS OF AN EPISODE OF CONTINENCE CARE GUIDE	11
TABLE 3: CONTINENCE AIDS - DESIGNATED PRESCRIBER CHART	14



This section must be read in conjunction with the General Information Section.

1. CATEGORIES OF CONTINENCE AIDS

Continence aids available through MASS are grouped into three categories:

- Containment
 - Reusable pants
 - Disposable nappies
 - Disposable shaped pads
 - Stretch pants
 - Disposable pull on style pads
 - Disposable belted-up style pads
 - Disposable all-in-one style pads
 - Reusable bed pads
- Conduction
 - Disposable catheters
 - Indwelling catheters
 - Latex sheaths
 - Non-latex sheaths
 - Night drainage bags
 - Leg bags
- Occlusive
 - Catheter valves.

Further information on these aids is available on the MASS website www.health.qld.gov.au/mass. This includes:

- Continance Product Information Sheets
- Approved Continence Aids List
- Continence Aids Supplier List.

The booklet titled 'Continence Products and Toileting Aids: personal characteristics and specific considerations when selecting continence products and toileting aids' developed by the HACC/MASS Continence Project team, 2010 is a useful resource and can be ordered through e-mail contpro@health.qld.gov.au .

For further advice or discussion regarding continence aids and equipment available through MASS, contact the MASS Continence Advisor at either the Brisbane or Cairns service centres.

For product specifications, instructions for use and care information, contact the manufacturer/commercial supplier.

2. CLINICAL ELIGIBILITY

MASS continence prescribers are advised to refer to the 'First Steps in the Management of Urinary Incontinence in Community-Dwelling Older People: A clinical practice guideline for primary level clinicians (registered nurses and allied health professionals), Third edition' 2010 (CPG) to determine the best practice requirements for an episode of care. The CPG includes information on factors that may have serious underlying organic disease (Red Flags) and conditions that are causing or contributing to incontinence (DIAPPERS). The CPG is available on the MASS website or can be requested in hard copy from contpro@health.qld.gov.au.

2.1 Permanent and Stabilised

Applicants must have a permanent and stabilised incontinence condition to be considered for MASS subsidy funding assistance. MASS defines permanent and stabilised incontinence as any condition of incontinence of urine or faeces remaining following an episode of continence care.

2.2 Episode of Continence Care

An episode of continence care is documented in the CPG and includes assessment, management and treatment, including allowing sufficient time to evaluate and review the effectiveness of the management and treatment outcomes. This includes the evaluation and review of the implementation of other health professional's recommendations. MASS requires at least one review of the applicant's management and treatment strategies to be documented within the applicant's continence care plan.

The timeframe will vary depending on the applicant's identified contributing factor/s. For example a urinary tract infection may be effectively managed and treated within two weeks however constipation may take six months or longer to effectively manage and treat.

The core components of an episode of continence care are attached to this procedure. See [Table 1 \(Core Components of an Episode of Continence Care Guide\)](#) which is located towards the end of this section.

2.2.1 Supporting Clinical Documentation

MASS requires supporting clinical documentation to demonstrate that an episode of continence care has been completed, before an application is submitted to MASS on behalf of an applicant for subsidy funding assistance. The supporting clinical documentation must be attached to the MASS 50 application form.

The supporting clinical documentation can be either a:

- completed continence assessment tool and care plan including at least one evaluation and review

or

- written summary of continence assessment and care plan including at least one evaluation and review.

The documentation must demonstrate that sufficient time has elapsed to achieve optimum continence care outcomes and confirm that the client's incontinence is permanent and stabilised.

Applications will not be considered by MASS until relevant documentation is received.

2.3 Additional Supporting Clinical Documentation

MASS designated continence prescribers completing the MASS 50 application form must also attach the MASS 51 Continence Special Consideration Form for disposable pull on/pull up style pads, and reusable bed pads (when used with other continence aids).

Applications will not be considered by MASS until relevant documentation is received.

2.3.1 Disposable Pull on Style Pads

MASS clinical eligibility for disposable pull on (pull up) style pads requires the applicant to have one or both of the following specific health conditions:

- a) Diagnosed cognitive impairment e.g. dementia or autism and/or
- b) Significant functional and/or physical impairment.

A) Diagnosed cognitive impairment

Applications for people with diagnosed cognitive impairment must be accompanied by documented clinical justification. The documentation must state:

- why the applicant cannot use disposable shaped or belted style pads
- evidence supporting the diagnosis and level of cognitive impairment.

The level of cognitive impairment can be justified by any **one** of the following:

- a medical practitioner's report or letter
- a hospital discharge summary
- evidence of medication used specifically for a medical diagnosis (e.g. dementia specific medication)
- evidence of a formal testing method e.g. Mini Mental State Examination and documenting the results obtained from the testing.

and/or

B) Severe functional and/or physical impairment

Applications for people with significant physical and/or functional impairment must be accompanied by documented clinical justification. The documentation must state:

- why the applicant cannot use disposable shaped or belted style pads
- the clinical reason why the disposable pull on style pad is the most appropriate continence aid for the applicant
- confirmation of the functional and/or physical impairment identified following consultation with an occupational therapist or physiotherapist
- the name of the occupational therapist or physiotherapist and
- the date of the consultation.

The consultation for suitability of disposable pull on style pads for an applicant with significant functional and/or physical impairment should consider:

- existing or new information held or obtained by the therapist and used in the assessment of the applicants' functional and/or physical impairment (i.e. mobility and dexterity)
- identification of any risk factors (e.g. falls) which may be affected by the application and removal of pull on style pads

- the most appropriate continence aid for the applicant with a significant functional and/or physical impairment.

All new/initial applications for disposable pull on style pads require this supporting clinical documentation to be provided on the MASS 51 Continence Special Consideration Form and attached to the MASS 50 application form.

If the relevant information is not attached to the application form, MASS will inform both the prescriber and the applicant in writing that eligibility for disposable pull on style pads has not been approved. MASS will not progress the application further until the required documentation is received or an alternative continence aid has been requested by the prescriber.

Disposable pull on style pads will not be considered for MASS subsidy funding assistance on the basis of applicant's personal preference.

2.3.2 Reusable Bed Pads

MASS requires documented clinical evidence of need for an application of reusable absorbent bed pads when used in conjunction with other continence aids. The MASS 51 Continence Special Consideration Form needs to be completed and attached to the MASS 50 application form.

MASS advises consultation with an occupational therapist is required if a reusable absorbent bed pad is to be used in conjunction with a pressure relieving mattress.

2.3.3 Aids Not on the Current MASS Approved Continence Aids List

Detailed clinical justification must be provided for MASS to consider subsidy funding assistance for continence aids not on the current Approved Continence Aids List. This includes:

- why the prescribed continence aid is required by the applicant
- a list of the continence aids trialled by the applicant **including** those currently on the MASS Approved Continence Aids List
- reasons as to why each of the listed continence aids are not suitable.

MASS will only consider subsidy funding assistance for one aid not on the Approved Continence Aids List. MASS will not supply a combination of continence aids if one is not on the Approved Continence Aids List.

If the continence aid is approved, quantities provided to the applicant may be reduced. The applicant must be informed that they may receive a reduced supply in comparison to that of a similar continence aid on the Approved Continence Aids List.

2.4 Documentation

MASS designated prescribers are required to attach details of the episode of care (assessment form and care plan or summary of information as outlined in Section 2.2.1) to the MASS 50 application form. If the relevant information is not attached to the application form, MASS will inform both the prescriber and the applicant in writing, and will not progress the application further until the episode of care is completed and written confirmation is received by MASS.

When the documentation allows the MASS continence clinical advisor to determine that the applicant's incontinence is permanent and stabilised and the applicant meets MASS eligibility criteria, MASS will release an order to the supplier in accordance with the priority level outlined in Section 4.7.

2.5 Hospital Discharge

Applicants requesting MASS subsidy funding assistance for continence aids must be community dwelling for a minimum of 30 days post hospital discharge. The only exception to this is outlined in Section 2.6.

2.6 Tertiary Level Continence Intervention (Hospital)

If the request for MASS subsidy funding assistance is following a current tertiary level continence intervention or within the last 6 months of the tertiary level continence intervention (e.g. gynaecological, urological or spinal unit rehabilitation intervention), MASS does not require the detailed supporting documentation as listed in Section 2.2.

MASS requires sufficient supporting clinical documentation from the tertiary level MASS designated prescriber, e.g. hospital personnel or private specialist, to enable the MASS clinical advisor to determine that a permanent and stabilised incontinence condition exists.

Applications for disposable pull on style continence pads require supporting documentation as listed in Section 2.3.1.

3. CONTINUING ELIGIBILITY

MASS requires a minimum two yearly clinical review for all applicants as well as a clinical review if there is a change to type of continence aid required by the applicant prior to the two year period.

The supporting clinical documentation must be attached to the MASS 50 application form. The documentation must include details of the clinical review and:

- the applicants current health status and how it has changed since the last review
- the applicants current continence status and how it has changed since the last review
- adjustments in the ongoing management and treatment strategies in accordance with changes to the applicant's current health and continence status
- any further referrals required to manage the current health and continence status
- effectiveness of continence aids currently used as part of the continence management including containment, skin integrity, new technology and safety
- are there any transient causes of incontinence present and what is the management plan
- how is the carer managing the incontinence issues (if applicable).

If the relevant information is not attached to the application form, MASS will inform both the prescriber and the applicant in writing, and will not progress the application further until requirements of the clinical review are completed and written confirmation is received.

4. SUBSIDY FUNDING

MASS subsidy funding assistance is not intended to meet an applicant's total continence aid needs, rather, to assist as many eligible persons as possible.

MASS subsidy funds continence aids in order to maintain a fair, equitable and consistent service for all applicants within a finite budget. While every effort will be made to avoid the implementation of a waiting list, there may be times when a waiting list needs to be implemented.

Levels of funding subsidy provided by MASS will be calculated according to the following criteria:

- age considerations
- need considerations
- type of continence aids requested
- commercial supplier packaging arrangements
- MASS supply period
- consistent supply.

4.1 Age Considerations

MASS subsidy funding assistance is provided to eligible persons 5 years and over.

MASS defines children as being 5 to 15 years of age inclusive. Children are subsidised to a maximum of up to 4 pads per day based on need, type, packaging, supply period and consistent supply considerations.

Children under 5 years of age may be eligible for conduction aids (intermittent or indwelling catheters and urinary drainage bags) when clinical justification is provided.

MASS defines adults as being 16 years of age and over. Adults are subsidised to a maximum of up to 2 pads per day based on need, type, packaging, supply period and consistent supply considerations.

4.2 Need Considerations

Level of need subsidy funding assistance is based on an incremental scale and will be calculated by MASS according to justified clinical need (i.e. quantities used) as indicated on the application form, based on age, type, packaging, supply period and consistent supply considerations.

Table 2: Incremental Scale

Number of Daily Pads Required	MASS Supply Quantity – Adults	MASS Supply Quantity – Children
1 to 2 pads	Up to 1 pad/day	Up to 2 pads/day
3 pads	Up to 2 pads/day	Up to 3 pads/day
4 to 5 pads	Up to 2 pads/day	Up to 4 pads/day

4.3 Type of Continence Aids

Level of subsidy provided for either an individual continence system or a combination of continence systems (e.g. containment and conduction) will be calculated according to age, need, packaging, supply period and consistent supply considerations.

When a combination of continence systems is requested, a reduced supply may occur depending on the type and packaging (e.g. applicants requiring a combination of disposable pads and catheters will receive a reduced supply of pads and catheters).

4.4 Commercial Supplier Packaging Arrangements

Supply of subsidised continence aids is governed by the Continence Standing Offer Arrangement (SOA) that MASS has with commercial suppliers. Commercial manufacturers and suppliers package products in varying quantities.

Quantities of subsidised products allocated to individual applicants will vary slightly in number because of the variety of commercial packaging arrangements, and will be calculated according to age, need, type, supply period and consistent supply period considerations.

4.5 MASS Supply Period

Continence aids subsidised by MASS are supplied in either 6 or 12 monthly calendar periods, depending on the type of aid. For example, disposable continence pads are supplied by MASS on a 6 monthly basis. Hence, the date of renewal for disposable pads is 6 months from the date on the applicant's MASS letter, advising that an order has been placed with the commercial manufacturer or supplier. For example, if the date on the applicant's MASS letter is in February 2010 then the renewal date would be in August 2010. The product quantity will be calculated according to age, need, type, packaging and consistent supply period considerations.

4.6 Consistent Supply

Continence aids subsidised by MASS are calculated up or down to provide a consistent supply each supply period e.g. an applicant whose needs remain constant would receive the same number of cartons each supply period. This is in addition to calculations for age, need, type, packaging and consistent supply period considerations.

4.7 Priority Score

In the case of a waiting list, the MASS clinical advisors will prioritise applications according to an individual's level of need which will be determined by details of the episode of care process attached to the MASS 50 application form by the prescriber. MASS has developed a priority framework in accordance with continence management best practice.

The level of priority ensures that those people with the greatest need receive services first.

The priority levels are:

- Level 1 – applicants with very high and high needs - orders will be placed as soon as possible, allowing for the MASS administrative processing time and depending on the level of demand on the scheme. MASS hopes to avoid a waiting list.

- Level 2 – applicants with medium needs - orders will be placed allowing for the MASS administrative processing time and depending on the level of demand on the scheme. MASS may need to place the approved application on a waiting list.
- Level 3 – applicants with low needs - orders will be placed allowing for the MASS administrative processing time and depending on the level of demand on the scheme. MASS may need to place the approved application on a waiting list.

If applicants are placed on a waiting list, MASS will advise the prescriber and the applicant, in writing. The prescriber and the applicant will receive another letter advising when MASS is in a position to order the continence aids from the commercial supplier.

5. PRESCRIBER ROLE

Refer to MASS Statewide Prescriber Procedures Manual, General Information Section for the generic prescriber role, which must be read in conjunction with this section.

5.1 Prescriber Responsibilities

Prescribers are to advise applicants:

- MASS provides subsidy funding assistance
- MASS subsidy funding assistance is not intended to meet their total continence needs
- they must participate in continence management and treatment processes before an application is submitted to MASS (episode of continence care process)
- where to purchase additional continence aids
- they may be subject to a waiting list for MASS subsidy funding assistance
- MASS will not exchange continence aid/s, once MASS has ordered the aid/s from the commercial supplier
- how to use and remove continence aids
- how to correctly launder/clean reusable aids
- how to dispose of used disposable continence aids
- how and when they are required to re-apply to MASS
- to contact a MASS designated prescriber for a clinical review every two years or earlier if they require a change of continence aid/s (MASS 50 application form is required)
- they need to complete the MASS 55 application form six monthly to receive their MASS continence aid/s
- that MASS requires one month to process the application, however if further information is required by MASS regarding the application, the one month processing period may be exceeded.

6. APPLICATION FORMS

The ongoing supply of continence aids does not occur automatically. MASS clients must reapply to MASS on the appropriate application form. Supply periods vary depending on the type of aid e.g. pads 6 monthly and indwelling catheters 12 monthly.

6.1 MASS 50 Application Form

The MASS 50 application form is used for the initial and two yearly applications, or if a change of type of continence aid is required by the applicant prior to the two year period. This application form is to be completed by the prescriber and the applicant and must have clinical documentation attached as outlined previously.

6.2 MASS 51 Continence Special Consideration Form

The MASS 51 continence special consideration form is used by the MASS prescriber to request subsidy funding for pull on style pads and reusable bed pads (when used in conjunction with other continence aids). This form must accompany the MASS 50 application form.

6.3 MASS 55 Client Re-Application Form

The MASS 55 application form is used by the MASS client to request ongoing supply of continence aids, other than when a clinical assessment is required. MASS clients are able to complete this form without the involvement of their prescriber.

7. EXCHANGE OF INCORRECTLY PRESCRIBED AIDS

MASS **will not** exchange or substitute continence aid/s once an order has been placed with the commercial supplier. If inappropriate continence aids have been prescribed for the applicant, MASS will refer back to the prescriber's agency for their consideration of meeting the costs of the aid/s.

8. DISPOSAL OF USED CONTINENCE AIDS

Hygiene and infection control measures should be observed in the disposal of used disposable continence aids. Prescribers should alert the applicant to this issue. Further advice should be sought from local councils as to what disposal measures apply in the local area for disposable continence aids.

9. STANDING OFFER ARRANGEMENT (SOA)

MASS has a SOA for the supply of continence aids and equipment. The SOA is a formal arrangement with commercial suppliers for the supply of aids.

Table 1: Core Components of an Episode of Continence Care Guide

Initial Assessment	Contributing Factors to Consider	Method of Clinical Evaluation	Referral Recommendations
Nature and duration of symptoms	History Length of time Recent exacerbation due to medical conditions or changes in living arrangements	Result of investigations Response to previous treatment	General medical practitioner
Impact on everyday life	Bothersomeness Socialisation Person's perception Time management routine (energy conservation)	Urogenital Distress Inventory short form International Prostate Symptom Score (IPSS) Incontinence Severity Index (ISI)	Social worker Psychologist
Mobility/dexterity	Physical ability to access toilet and undress in a timely manner Condition of feet/toenails and footwear Hand function Pain	Clinical observation Body Mass Index (BMI) Height and Weight	Occupational therapist for functional profile Physiotherapist Podiatrist
Psychological status	Adverse drug reactions Psychological wellbeing Denial Depression	Clinical observation Monitoring Response to previous treatment Depression scale Quality of Life tool	General medical practitioner Psychologist Neuro-psychologist Psycho-geriatrician Psychiatrist Neurologist
Cognitive status	Adverse drug reactions Electrolyte imbalance Infection Constipation Stroke Initiate and manage the toileting process: - find the toilet - identify the need to go to the toilet - identify the toilet	Mental status quotient Mini mental state examination	General medical practitioner Psychologist Neuro-psychologist Psycho-geriatrician Psychiatrist Psychologist Neurologist
Environmental issues	Ability of client to access toilet and undress in a safe, supporting environment Environmental limitations Lighting	Falls risk assessment tool - community Consider assessment of sensory function (eg. vision, hearing, etc.)	Occupational therapist

Initial Assessment	Contributing Factors to Consider	Method of Clinical Evaluation	Referral Recommendations
Support systems	Living arrangements profile - living arrangements - accommodation - employment status Carer profile - need for carer - carer availability - current threats to carer arrangements Gender appropriate staff allocation Previous history of hobbies	Carer strain index	Social worker HACC funded services eg. Meals On Wheels, Home Care, etc. Support groups Carer support services Aged Care Assessment Services
Medical	Health conditions profile - health conditions confirmed by client/carer - health diagnosis confirmed by doctor Note risk factors	Report from general medical practitioner	General medical practitioner Continence advisor Community based support groups eg. Breathe Easy Community resources
Surgical	Recency of procedure to lower abdomen/pelvic area Impact of surgery on mobility and dexterity	Report from general medical practitioner and/or hospital discharge report	General medical practitioner Physiotherapist Continence advisor
Medication	Current medications including over the counter and complementary - diuretics - sedatives - pain medication - laxatives	Home medication review	Pharmacist General medical practitioner
Urinalysis	Urinary tract infection Dehydration Urine concentration for level of fluid intake Diabetes mellitus/insipidus	Dip stick analysis Consider urine sample collection for further investigation	General medical practitioner Continence advisor
Bladder function	Amount/type of fluid intake Number/time of voids Leakage and when it occurs Position for bladder emptying (if hovering) Medications	Bladder diary (CPG - Section 11.3.3). Diagram for toilet positioning	General medical practitioner Continence advisor

Initial Assessment	Contributing Factors to Consider	Method of Clinical Evaluation	Referral Recommendations
Bowel function	Position for bowel emptying Fluid/fibre intake Swallowing, denture fitting and mouth condition Constipation/stool impaction present Medication	Bristol Stool Form Scale (CPG - Section 5.6) Bowel diary (CPG - Section 5.6.2) Stepping out of constipation (CPG - Section 5.7.2) Diagram for toilet positioning (CPG - Section 5.8.2)	General medical practitioner Continence advisor Continence physiotherapist Occupational therapist Speech pathologist Dietician Dentist
Genital	Skin integrity Symptoms of prolapse - heaviness, dragging or a lump in vagina Symptoms of urethritis/vaginitis - itchiness and irritation - urgency, frequency and dysuria	Visual inspection	Continence advisor Continence physiotherapist General medical practitioner
Motivation and co-operation	Symptoms of depression - reduced energy, sleep and appetite - psychomotor disturbance - slow or agitated movements Adequacy of information/instructions given Appropriate language Lack of co-operation and non compliance to recommendations	Observation	General medical practitioner Social worker Psychologist
Goals and expectations	Refer to assessment results from 'Impact on everyday life' What does client/carer want to improve or manage?	Management recommendations Achievement of goals	Follow up referral recommendations

The core components of an episode of continence care have been derived from the 'First Steps in the Management of Urinary Incontinence in Community-Dwelling Older People: a clinical practice guideline'; Third edition 2010 (CPG).

Table 3: CONTINENCE AIDS - DESIGNATED PRESCRIBER CHART

Contenance Applications	Designated Prescribers	Rural and Remote Prescribers	Standing Offer Arrangement (SOA)	Forms Required
Initial and Two-yearly Applications	Contenance Advisor Registered Nurse Physiotherapist Occupational Therapist Designated Specialist: <ul style="list-style-type: none"> • Urologist • Uro-gynaecologist • Geriatrician • Paediatrician 	As per Designated Prescribers	SOA Applies	MASS 50
Re-Applications – 6 monthly	Applicant Carer Guardian Parent OR Any of the above designated prescribers	As per Designated Prescribers	SOA Applies	MASS 55

Note: MASS will consider two-yearly review MASS 50 application forms submitted from Indigenous Health Workers where there is evidence of consultation with one of the above MASS designated prescribers.